

## SB 207

# Asthma Prevention in Medi-Cal

## Senator Melissa Hurtado

### SUMMARY

SB 207 would ensure vulnerable communities have access to asthma prevention services by allowing Medi-Cal to reimburse for asthma education and home trigger assessments provided by qualified, non-licensed professionals including community health workers, and increase financial support for environmental trigger remediation in the home.

### BACKGROUND

Asthma is a chronic respiratory disease affecting an individual's ability to breathe. Asthma causes wheezing, breathlessness, chest tightness and coughing, and can be exacerbated by a range of environmental triggers such as tobacco smoke, dust, pest allergens, outdoor air pollution, pets, mold and woodsmoke. Asthma cannot be cured but can be managed. Poorly controlled asthma can lead to a range of serious outcomes including unnecessary emergency department visits, hospitalizations and death.

Asthma is a significant public health problem and driver of health care costs. In 2010, total charges for asthma hospitalizations in California were over \$1 billion; parents lost \$233 million in wages to care for kids who missed school due to asthma; and schools lost over \$37 million in attendance revenue.

### THE PROBLEM

Medi-Cal shoulders a significant portion of the asthma burden since it is of particular concern for the 267,000 Californians enrolled in Medi-Cal who have poorly controlled asthma and have reported an emergency room or urgent care visit for it.

Additionally, asthma is a growing problem for children enrolled in Medi-Cal. Kids in Medi-Cal are particularly affected as they have the highest prevalence of asthma related emergency department visits. In 2016, almost 90% of all pediatric asthma emergency department visits in California were children covered by Medi-Cal, up from less than 50% in 2012. There needs to be more focus on prevention-oriented interventions targeted towards kids and adults in Medi-Cal with poorly controlled asthma.

When properly managed, people with asthma can lead normal, productive lives.

### THE SOLUTION

First, asthma patients need more education on the basic facts of asthma like self-management techniques, ways to

reduce exposure to environmental triggers, and self-monitoring skills.

Education can be provided by qualified non-licensed professionals, such as community health workers, who can bridge the gaps between underserved populations and medical providers as they have the ability to connect culturally with local populations and build trusting relationships with clients and their families.

The second component is to increase resources to support minor-to-moderate remediation of environmental triggers, which includes low-cost but high impact approaches such as providing mattress and pillow allergen-impermeable covers, using trigger-capturing vacuums, and utilizing Integrated Pest Management.

There are a variety of funding sources to support these type of services for children in Medi-Cal, including the opportunity to leverage the longstanding Health Initiative Services (HSI) allowance of the Children's Health Insurance Program (CHIP) block grant.

This bill also helps fulfill California's Quadruple Aim of Strengthening the quality of care, improving health outcomes, reducing health care costs and advancing health equity.

SB 207 combines asthma education and environmental trigger remediation to address the burden of asthma in vulnerable communities.

### SUPPORT

Children Now (co-sponsor)  
California Pan Ethnic Health Network (co-sponsor)  
Regional Asthma Management and Prevention (RAMP)  
(co-sponsor)

### FOR MORE INFORMATION

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